

Sanlam Life Insurance (U) Limited T +256 (0) 417 726 526
 Plot No. 15, Princess Anne Drive, F +256 (0) 417 726 527
 Bugolobi, Kampala E sancare@sanlam.co.ug
 P.O Box 25495, Kampala Uganda www.sanlam.co.ug

PERSONAL DETAILS

Employee Name:

Membership No:

Name of Policy holder/Employer:

Patient's Name:

Date of Birth: Relationship of Patient to Employee:

Service Provider:

Reason for visit:

Diagnosis/ICD10

Consulting Doctor

Phone number

Email address

Bank details

Account name :

Bank name :

Account number :

Branch :

TREATMENT DETAILS

Date of the service	Service provider	Procedure	Quantit	Amount (Ugx)
		Consultation Fee (Ugx)		
		Pharmacy (Prescription)		
		Radiology		
		Laboratory		
		Other Treatment		
		Total		

I declare on my word of honour that the information provided in this form is true and complete

Patient signature

*To qualify for benefits, a Claim shall be submitted to the Insurer not later than the last day of the second (2nd) month following the month in which the Service was rendered and validated by you HR at sancare@sanlam.co.ug

**Original prescriptions, detailed bills and medical reports shall be joined to the refund request. Any missing document may be subject to an additional request letter

***No photocopies or telefaxed accounts will be accepted

****It shall be the responsibility of the Member and the Contracted Preferred Service Provider to ensure that the Claims submitted do not include any treatment or service related to Exclusions

Admin/HR signature and stamp

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